TOWN OF CAMPBELL PERMIT NO. _____ APPLICATION FOR BUILDING PERMIT

OWNER'S NAME:				TELEPHONE#
OWNER'S ADDRESS:				
				_ ZIP CODE:
EMAIL:				
ADDRESS OF CONSTRU	CTION:			
ZONING:	LOT AREA:		(sq. ft.) ES	T. COST (w/o land)
SIZE & TYPE OF CONST	RUCTION:			
CHECK OFF:				
[] REQUIRED PL	OT PLAN SUBMITTEI	D [] SET	BACKS ARE F	ROM PROPERTY LINE
ARE THERE ANY EASEM	MENTS, CONDITION	NAL USES, 0	OR VARIANO	CES ON YOUR DEED/TITLE WORK?
[] YES (IF YES, COPY MU	IST BE SUBMITTED V	VITH APPLIC	ATION	[] NO
	AKES MUST BE LOC	CATED OR T		CKS** ECOMMENDS A SURVEYOR ORE WORK IS COMMENCED
FRONT:	_(ft.) REAR:	(ft.) LEFT:	(ft.) RIGHT:(ft.)
CONSTRUCTION TYPE: [NO. OF STORIES: [] 1 STORY [] 2 STO	ORY	[] OTHER	
CONTRACTORS:	,			
GENERAL:		PH #_		EMAIL:
ADDRESS:				_STATE CERT. #
FOUNDATION INSTALL	ER:			
HEATING:				
ELECTRICAL:				
PLUMBING:				
	permit creates no legal liab	bility express or		Ordinances and with the conditions of this permit epartment of Inspection or this Municipality; and certifies
PRINT APPLICANT NAM	Œ:			
SIGNATURE OF APPLIC.	ANT:			DATE:

(OWNER/AGENT)